

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	6/30/00
O.I.P.E. CLASSIFIER			7/29/00
FORMALITY REVIEW	<i>[Signature]</i>	67718	8/4/00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	67718	11/8/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/10/00
2	3/10/00
3	3/10/00
4	3/10/00
5	3/10/00
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Claim	Date
Final Original	
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99	3/10/00
100	3/10/00

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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